

Resource AMS Analysis Contract Application (FOR ADMIN USE ONLY)

National Resource for Biomedical AMS

Lawrence Livermore National Laboratory

Instructions: Please complete Section I (PI/Collaborator) & Section II (General Information), then forward this form to the individual that is authorized to sign Contracts/Grants, etc. for completion of Section III. This information is critical for the initiation of the required paperwork mandated by the U.S. National Nuclear Security Agency (NNSA) in conjunction with the University of California. These documents are mandatory in order to allow LLNL to perform any work for a Non-Federal customer. Please email or fax completed form to the person at the bottom of this sheet.

SECTION I - Principal Investigator/Collaborator

PI/Collaborator Name
University/Institution/Company
Department
Department Address

Phone Fax email

SECTION II- Analysis/Project Information

LLNL PI/Collaborator Name
AMS ☐ Type of Nuclide Microprobe ☐
Project Term (number of Months or Indefinite)
Project Title
Total Contract Amount
Estimated Cost per Sample
Estimated Number of Analyses (Total)
Estimated Number of Analyses (Initial)
Do you have a federal grant supporting this project? Yes ☐ No ☐
If yes, please provide: Agency Grant#

SECTION III- Contract/Grants/Administrator (Authorizing Individual)

Name
Title
Address

Phone Fax email

Billing Contact (Individual that would authorize invoices for payment)

Name
Title
Address

Phone Fax email

Send Completed Form to: Germaine Clark

email: clark75@llnl.gov fax: (925) 422-2282 ph: (925) 422-6796